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COUNTY BOROUGH OF BURY.

REPORT

ON THE

Medical Inspection of School Children

For the Year ended 31st December, 1934.

G. M. DAVIDSON LOBBAN, M.B., D.P.H.,

SCHOOL MEDICAL OFFICER, MEDICAL OFFICER OF HEALTH,
AND
CHIEF TUBERCULOSIS OFFICER

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1935.



PUBLIC HEALTH DEPARTMENT,

TITHEBARN STREET, BURY.

March 31st, 1935.

To the Chairman and Members of the Education Committee,
County Borough of Bury.

Ladies and Gentlemen,

I beg to submit for your consideration my first Annual Report on the Medical Inspection of School Children during the year ended December 31st, 1934.

Two changes in the personnel of the staff have taken place. Miss Mary King, the School Dentist, left on September 30th to take up a new post, and Mr. Jas. Byrom, who was appointed to the position, commenced his duties on October 15th. Nurse Broadley, Dental Nurse, left to take up another appointment, and Nurse Haines was appointed to the position.

I take this opportunity of expressing my thanks to Dr. Drummond, Dr. Ratcliffe, Miss King, and Mr. Byrom, the Director of Education and his staff, the Head Teachers of the various schools, the Clerical staff of the Health Department, and to the School Nurses for the assistance they have given to me, and to you, ladies and gentlemen, for your courtesy and consideration.

I am, Ladies and Gentlemen,

Your obedient Servant,

G. M. DAVIDSON LOBBAN.



County Borough of Bury.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

STAFF.

The School Medical Staff consists of:—

The School Medical Officer, who also acts as Medical Officer of Health and Chief Tuberculosis Officer.

One Assistant School Medical Officer, who also acts as Assistant Medical Officer of Health and Assistant Tuberculosis Officer.

One whole time Dentist.

Two School Nurses.

One Dental Nurse.

The clerical work is performed by the clerical staff of the Health Department.

Co-ordination of the work of the School Medical Service with that of the other Health Services is assured owing to the fact that the School Medical Staff is also responsible for the control of the various activities of the Health Department.

ELEMENTARY SCHOOLS.

MEDICAL INSPECTION.

Four groups of children are inspected annually, viz. :—

1. " Entrants."
2. Second Age Group (aged 8 years).
3. Third Age Group (aged 12-14 years).
4. " Specials " (children brought to the notice of the School Medical Officer by the Teachers or Nurses as suffering from some palpable disease or defect).

All children in the above groups who have been referred either for treatment or observation are re-examined after a suitable interval has elapsed. Cases requiring special supervision are seen at the Clinic from time to time with a view to ascertaining whether the necessary medical attention is being received.

The Schedule of Medical Inspection issued by the Board of Education has been followed throughout.

The Teachers and School Nurses have been instructed to bring to the notice of the School Medical Officer any children who, in their opinion, are abnormal in any way. Periodically lists of children considered defective are obtained from Head Teachers. Such children are specially examined and early information as to crippling and other defects is thus obtained. These cases are examined not only on the occasion of the Medical Officer's visits to schools, but may be sent to the clinic on any morning. Valuable information is also received from the School Attendance Officers.

When carrying out Medical Inspection, every effort is made to avoid unnecessary disturbance of the school arrangements. In a few schools there are one or more rooms which are not used as classrooms, and these are always used for Medical Inspection. In the majority of the schools, however, it is necessary to make use of a classroom for the purpose.

REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

Uncleanliness.—During the year under review 40 children were found to be in such an unclean condition that it was considered necessary to exclude them from school. There were in addition 251 children who were found to have a few nits only. Notices were sent to the parents calling their attention to the condition.

There were six cases of offensively dirty bodies and clothing, and one child was found to be in a verminous condition.

In addition to the Routine Medical Inspections periodical examinations for cleanliness are made by the School Nurses. They

again devoted four weeks to a thorough inspection of all the schools immediately after the long vacation, when the children return often in a very neglected condition.

In cases where uncleanliness exists a circular is sent to the parent calling his attention to the fact and giving instructions for cleansing and other advice. If, on subsequent examination, the condition is found to persist a card more strongly worded is sent. If on a third examination the condition still persists the child is excluded. In bad cases the child is excluded at once. All excluded children are inspected at the clinic as to their fitness for return to school, and in every case, with one exception, a sufficient improvement has been effected without resort to prosecution, though the assistance of the attendance officers and of the Inspector for the Prevention of Cruelty to Children has frequently to be invoked. Unfortunately many children quickly relapse. The exceptional case required prosecution before the desired improvement was effected.

The loaning of Sacker Combs to parents has been discontinued. Parents can purchase the combs at the school clinic and receive instruction in their use. Many mothers have bought their own combs.

Minor Ailments.—The cases of Minor Ailments met with are included under their respective headings, viz.:—Skin Diseases, External Eye Diseases, &c.

Tonsils and Adenoids.—During the year 207 children were found to be suffering from enlarged tonsils requiring treatment, while 111 were suffering from enlargement without evidence of ill-effect, and were referred for observation. Ten children were referred for treatment for adenoids, and 4 for observation, while the corresponding figures for children suffering from both conditions together were 38 and 7 respectively.

Tuberculosis.—Two cases of definite Pulmonary Tuberculosis and one suspicious case were discovered. These were referred for treatment.

Skin.—A number of cases of Skin Disease were discovered during the Routine Inspections, and many more were sent as

" specials " to the clinic for treatment. Among the cases of Skin Disease found were:—

	Referred for Treatment	Referred for Observation only
Ringworm, Scalp	5	—
Ringworm, Body	11	—
Scabies	13	—
Impetigo	127	—
Other Skin Diseases (Non-Tuberculous) ..	143	7

External Eye Disease.—81 cases of external eye disease were found during the year, all of which were referred for treatment. The following table shows the nature of these cases:—

	Referred for Treatment.	Referred for Observation only
Blepharitis	39	—
Conjunctivitis	13	—
Other	29	—

Defective Vision and Squint.—331 cases of defective vision (of less acuity than $\frac{6}{12}$ in either eye) and squint were found. Of these 310 were cases of defective vision and 21 cases of squint. 283 were referred for treatment and 48 for observation only.

Ear Diseases and Hearing.—Three children were found to be suffering from defective hearing, 21 from Otitis Media, and 21 from other ear conditions. Children who have been treated at the clinic are called up subsequently from time to time, in order that any recurrence may be detected.

Dental Defects.—See Table IV., Group V., at end of report.

INFECTIOUS DISEASE.

The School Medical Officer receives, as Medical Officer of Health, notification of all cases of notifiable Infectious Disease occurring in the Borough, and is thus enabled to take prompt action. Where necessary visits are paid to schools and contacts and suspects are examined. This procedure enables the Medical Staff to detect infective early or missed cases.

" FOLLOWING UP."

Medical Inspection is obviously of very little use unless those children who are found to be suffering from some disease or defect are "followed up" in order to ensure that the necessary treatment is obtained. The procedure adopted in this Borough is as follows:

A note is at once sent to the parent informing him of any abnormal condition discovered, and urging him to obtain appropriate treatment. After an interval the house is visited by the nurse and enquiries made as to whether treatment has been obtained. If not, a further note is sent, and after another interval the house is again visited. These visits are repeated as often as necessary, but owing to the unsatisfactory replies often given by parents and the difficulty experienced by the Nurses, with the limited time at their disposal, in getting into touch with the latter (many of them being out at work at the time of the visit), they are, as far as possible, induced to attend the clinic. In this way many more parents are prevailed upon to obtain medical treatment for their children, and by calling up the latter from time to time the receipt of such treatment can be verified.

In certain special cases (defective vision, tonsils and adenoids, &c.) arrangements are made, where necessary, for the child to receive treatment under the scheme of the Local Authority. Such schemes at present in operation are detailed in a succeeding paragraph.

All children found to be defective on inspection are re-examined by the Medical Officer on his next visit to the school in order to ascertain whether treatment has been obtained, and, if so, the result of same.

The institution of the School Clinic has greatly facilitated the work of "following up." Frequently, parents who have received notice of defect or disease in their children, and who have not been present at the inspection, have attended at the Clinic to obtain further particulars as to what treatment is required. It is thus possible to explain the condition much more fully than can be done by letter, with the result that treatment is often obtained in cases which would otherwise remain untreated.

During the year the School Nurses have carried out the following visits, &c. :—

Number of visits to school departments in connection with medical inspection	296
Number of visits to schools to examine children for cleanliness	391
Number of visits and re-visits to homes	149
,, examinations for cleanliness	15,794

MEDICAL TREATMENT.

Minor Ailments.—A Clinic for the treatment of Minor Ailments is held at The Wylde. The accommodation consists of waiting room, dressing room, consulting room, and nurses' room.

The Clinic is open six days a week during school terms. Children attend from 9 to 10 a.m., when they are seen by the Medical Officer. They are either treated or referred to their own doctor in the case of children having a regular medical attendant.

The School Nurse on duty deals with cases requiring special treatment and excluded children after 10 a.m., and is frequently so engaged until after 11 a.m. Specials and children requiring more than one daily treatment are seen by appointment later in the day.

An arrangement has been made by which children are provided with a small attendance card which they bring to and from school. On this card, which is available for a month, is noted the date of each attendance and the time of arrival and departure, and when the child is to re-attend.

The records of the Clinic are kept on a Card Index system. On each card are the particulars of the child, its defect, and whether attending as result of school inspection or sent by teacher, doctor, or parent. On the card are also recorded the treatment and condition on discharge, with the date of each attendance, the time of arrival and departure, and the period of any exclusion.

To reduce to a minimum the period of absence from school every school exclusion is recorded on a chart, so that it is under constant observation till the child is fit to return.

One of the nurses on duty is in charge of the booking while the Clinic is open, and a monthly summary is made of all attendances in accordance with the above particulars.

The number of children attending the Minor Ailments Clinic during the year 1934 is shown in the following table:—

Number of children attending from 1933	...	...	...	100
„ „ „ discharged during 1934	...	...	...	522
„ „ „ still attending at end of 1934	...	...	...	99
„ „ „ fresh children who attended during 1934	...	...	...	621
„ „ „ attendances	...	...	...	6,644
Clinic open	...	...	...	days 284
Average attendance per child	...	...	...	9.21
Average daily attendance	...	...	...	23.39

In addition to the above, 331 children attended on three or four successive days for mydriatic application before seeing the School Oculist for purpose of refraction.

Altogether 675 parents were seen at the Clinic during the course of the year. This was largely in connection with defects found in the course of Medical Inspection.

Much prolonged treatment is caused by children ceasing to attend the Clinic before being cured, and then relapsing and coming back in as bad a state as they were at the commencement of their treatment.

Tonsils and Adenoids.—Many of the cases requiring operative interference are treated by general practitioners. New arrangements came into force during 1930 with the Board of the Bury Infirmary under which certain cases are treated at that Institution. No charge is made by the Board to the Education Committee, and correspondingly no charge is made by the Education Committee to parents of children treated. The Local Authority makes an annual grant to the Infirmary in connection with this scheme.

During the year 245 cases of Adenoids or Enlarged Tonsils received some form of treatment. Of these, 215 received operative treatment—127 under the Local Authority's scheme and 88 by private practitioner or otherwise.

Tuberculosis.—Cases of Pulmonary Tuberculosis occurring in the Borough are sent for treatment to the Institutions of the Bury and District Joint Hospital Board, but the Board does not admit children under 14. School children are, however, occasionally sent to the Liverpool Open-Air Hospital for Children, Leasowe.

An agreement is in force between the Bury Corporation and the Bury Infirmary, under which cases of Non-Pulmonary Tuberculosis occurring in the Borough are treated at that Institution. Such treatment is available for school children. Cases are also occasionally sent for treatment to the Shropshire Orthopædic Hospital at Oswestry, and the Liverpool Open-Air Hospital for Children, Leasowe.

Arrangements have been made with the Manchester and Salford Hospital for Skin Diseases, whereby patients from the Borough suffering from Tuberculosis of the Skin could attend and receive appropriate treatment. These arrangements extend also to children of school age.

The following table shows the number of cases of definite Tuberculosis which have received Institutional treatment during the year:—

At the Bury Infirmary:

	No.	Total No. of Days.
Boys	1	6
Girls	1	2

At Liverpool Open-Air Hospital for Children, Leasowe:

Boys	2	235
Girls	3	182

Skin Disease.—The majority of the cases of Skin Disease occurring among school children were treated at the Minor Ailments Clinic. Further particulars will be found in Table IV., Group I., at the end of this Report.

External Eye Disease.—The same remarks apply to cases of External Eye Disease. Particulars of cases treated will be found in Table IV., Group II.

Vision.—The majority of children suffering from defective vision are now examined by Dr. James Ratcliffe, the Ophthalmic Surgeon to the Local Authority.

On three days preceding the examination and, also, on the day of the examination the Nurse introduces atropine into the eyes of the children, and is present at the clinic.

The following table gives the figures for 1933 and 1934:—

		1933.	1934.
Number of children submitted to refraction ...		356	331
,, ,, already provided with suitable spectacles		66	73
,, ,, not requiring spectacles ...		44	48
,, ,, for whom spectacles were prescribed		246	210
,, ,, who had obtained the necessary spectacles by the end of the year... ...		234	199

In cases where the parent cannot afford to pay for glasses the Education Committee pay the cost wholly or in part. The number of cases in which such assistance was rendered was 27. In each instance spectacles were provided free.

Cases are continually arising where the parent refuses or neglects to provide the necessary spectacles for his child. These parents are interviewed by the Care of Children Section of the Education Committee and warned that, unless spectacles are obtained within a reasonable time, further action will be taken. In every case, so far, this has had the desired effect.

Further particulars as to treatment of Defects of Vision will be found in Table IV., Group II., page 29.

Ear Disease and Hearing.—No special treatment is provided apart from that which may be obtained at the School Clinic. As will be seen from Table IV., Group I., 42 cases of Minor Ear Defect have been treated at the Clinic.

Dental Defects.—See Table IV., Group V.

Crippling Defects and Orthopædics.—An arrangement is in force under which Orthopædic cases from Bury are treated under the Scheme of the Lancashire County Council. The scheme falls into three parts:—

1. Orthopædic Centre.
2. Ancoats Hospital, Manchester.
3. Biddulph Orthopædic Hospital, Staffordshire.

1. **ORTHOPÆDIC CENTRE.**—An Orthopædic Clinic is held once weekly at the "Uplands," Whitefield. The Centre is attended each session by the County Orthopædic Nurse. Once a month it is attended by the County Assistant Orthopædic Surgeon, Mr. E. S. Brentnall, F.R.C.S. Mr. Brentnall sees all new cases and supervises all old cases.
2. **ANCOATS HOSPITAL.**—Here cases are seen for further opinion or for further examination, including X-ray photographs, by Mr. E. S. Brentnall, F.R.C.S., Orthopædic Surgeon to the Hospital and to the Biddulph Hospital. Apart from examination and out-patient treatment, only short stay cases are admitted to the Wards of the Ancoats Hospital.
3. **BIDDULPH HOSPITAL.**—This Hospital belongs to the Lancashire County Council. It is situated 28 miles south of Manchester, near Congleton.

Particulars of cases dealt with at the Orthopædic Centre during the year will be found in the following table:—

NEW CASES:—

First Consultation with Surgeon	27
Second or subsequent Consultations with Surgeon...	7

OLD CASES:—

Total Consultations with Surgeon...	32
Total Consultations with Surgeon—all cases...	66

NEW CASES.—Analysis of Defects:

Defective Posture	8	Hammer Toes	1
Knock-knees	5	Infantile Paralysis	1
Claw Feet	3	Congenital Defect	
Flat Feet	2	(Lumbar defect)	1
Everted Feet	2		—
Pronated Feet	2	Total	27
Valgus Feet	1		—
Torticollis	1		

CO-OPERATION OF PARENTS.

Notice is sent to the parent of every child of the date and time of inspection, and the parent is invited to attend. The percentage of parents attending was:—

“ Entrants ”	72.35%
“ Second Age Group ”	33.47%
“ Third Age Group ”	12.05%

The figures for the first age group show a marked increase on those for the previous year. This is very gratifying, and the co-operation of the parents is invaluable in this group, because it is among the “ Entrants ” that the greatest number of defects is found.

Particulars of the methods used to ensure the further co-operation of parents in securing treatment for their children are given in another portion of the report.

CO-OPERATION OF TEACHERS.

Many of the teachers render invaluable assistance in connection with the medical inspection and treatment of the children. In many cases the teacher is present at the inspections, and any defects found are pointed out. The teacher is thus enabled to explain to the parents in a subsequent interview the importance of obtaining treatment, and so to assist the Medical Officer very substantially.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The School Attendance Officers assist the School Medical Officer in many ways, and interviews are constantly taking place between them and the School Medical Staff. Their services are specially valuable in connection with the Minor Ailments Clinic, as they are able to secure the attendance of the children in a way that would be otherwise impossible.

Mention should here be made of the co-operation of the Inspector for the National Society for the Prevention of Cruelty to Children. The Inspector pays regular visits to the School Medical Department and discusses with the staff cases which it is thought advisable to keep under observation. His work is most valuable and helpful.

OPEN-AIR EDUCATION.

There are no open-air day or residential schools in the Borough. In summer many of the classes are held in the playgrounds, and visits are made to the various recreation grounds.

PHYSICAL TRAINING.

The Organiser of Physical Training reports as follows:—

During the year ended 31st December, 1934, the arrangements for the organisation of Physical Training have been similar to those for the previous year.

The Education Committee have continued to pay grants towards the maintenance of school playing fields and to supply games materials.

The publication of the "Board of Education Syllabus for Physical Training for Schools (1933)" has provided the teachers with a complete scheme of Physical Education, embracing work for all children of school age. Classes for Teachers have been held during the year with demonstrations of syllabus work. The syllabus demands, where possible, a large area of playground to be placed at the disposal of the teacher of Physical Training. Open-air Physical Education is at last becoming a thing of

practice, not theory. The physical and mental benefits derived therefrom are already showing themselves in the general deportment of the children.

The Education Committee paid the usual grants towards the maintenance of playing fields, and supplied the usual games apparatus.

SCHOOL BATHS.

No baths are provided at any of the schools.

Classes of children attended at the Corporation Baths during school hours for instruction in swimming from the 8th May to the 25th October, 1934. The total attendance during this period was 24,907, an increase of 1,303 on the numbers for the corresponding period of the previous year. There can be no further increase of attendances with the existing facilities.

The results of the swimming instruction are as follows:—

Total number of children taught to swim	930
Total number of children to pass tests of ability in swimming	1,330

The number of awards given at the end of the session were:

1st Class Certificates	257
2nd Class Certificates	456
3rd Class Certificates	617

A total of 1,330, as compared with 1,081 for the previous year, showing an increase of 249 awards.

Royal Life-Saving Society awards:—

Elementary Certificates	16
Intermediate Certificates	4
Bronze Medallion	4
1st Class Award	1

A Schools' Swimming Gala was held at the end of the season and proved successful.

As a result of the teaching method, it is confidently hoped that it will be possible for every medically fit child to attend the Baths to learn to swim before the end of his or her school career.

PROVISION OF MEALS.

During the year it was found necessary to provide 52,300 meals to school children—7,147 more than the number provided in the previous year. All were dinners and were provided by and served at seven restaurants in various parts of the town. The average total cost per meal was 5.91d.

The cases were selected by the application of a scale, approved by the Board of Education, taking into consideration income and number in family.

It had been the custom for children in receipt of free meals to attend at the School Clinic once monthly, when they were weighed and examined and a record kept of the nutrition and condition of each child. This practice was discontinued by the Education Committee in April, 1934, so that only 193 children were examined during 1934.

PROVISION OF MILK.

The scheme for supplying to school children one-third of a pint of milk in bottles at a cost of $\frac{1}{2}$ d. per bottle was sponsored by the Milk Marketing Board and was adopted by the Education Committee. The scheme came into operation on 1st October, 1934, and from then until the 31st December, 1934, 10,912 bottles had been supplied to the children.

BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

No schools for the treatment of these children have so far been provided by the Local Education Authority, but Blind and Deaf children are sent to outside institutions.

During 1934 the following children were maintained in special schools or hospitals:—

Blind	4	Physically defective ...	7
Deaf	3	Orthopædic cases	6

NURSERY SCHOOLS.

No nursery schools have been provided in the area.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year 99 children have been examined as to their fitness to undertake employment (usually the delivery of newspapers) out of school hours.

SECONDARY SCHOOLS.

In a Circular dated January, 1934, the Board of Education ask for a statement of the work of the School Medical Service in connection with pupils attending Secondary Schools and other Institutions of Higher Education, showing the provision made for medical inspection and treatment.

The information asked for is given under the following heads:

1. MEDICAL INSPECTION.

“ (a) Numbers of schools concerned, showing separately schools provided by the Authority, those not provided but aided, and those which are neither provided nor aided.”

The schools concerned in Bury are—

The Municipal Secondary School.

The Junior Technical School.

Both are provided by the Local Authority.

“ (b) Frequency and character of medical inspection, i.e., whether full inspection or otherwise.”

All children are submitted to a full inspection annually.

“ (c) Whether all pupils attending the schools are inspected.”

All pupils attending the schools are inspected.

2. FOLLOWING-UP AND MEDICAL TREATMENT.

“ (a) The arrangements for following-up the defects discovered.”

Exactly as in the case of Elementary Schools.

"(b) Forms of treatment provided under arrangements made by the Authority."

Exactly as in the case of Elementary Schools.

"(c) Types of pupil for whom treatment is available (e.g., all, or necessitous cases only)."

Available for all.

The children attending the Secondary Schools were first inspected in 1920.

During the year 1934 the total number of children inspected was 569. Particulars as to age and sex will be found in the following table:—

Age	10	11	12	13	14	15	16	17	18	19	Total
Boys ...	15	59	52	103	89	30	15	6	1	—	370
Girls ...	16	40	38	42	24	20	10	5	4	—	199
Totals..	31	99	90	145	113	50	25	11	5	—	569

Total number of visits of School Medical Staff for the purposes of Medical Inspection:—

Doctor	24
School Nurse	44

Interference with the school routine was, as far as possible, avoided. The Head Masters of the two schools very kindly placed their rooms at my disposal, and I desire to express my thanks to them and to the other members of the staff for their interest in the work of Medical Inspection and for their valuable assistance.

FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.—For the second year in succession since the Medical Inspection of Secondary School children was commenced not a single child was found to require treatment for uncleanliness.

Minor Ailments are referred to under their respective headings.

Tonsils and Adenoids.—24 children were found to be suffering from enlarged tonsils. 10 of these were considered to require

treatment, and the rest (14) were referred for observation. One case of Adenoids was referred for treatment, and two cases of Adenoids for observation.

Tuberculosis.—No cases of Tuberculosis were discovered.

Skin Diseases.—Two cases of Impetigo and one case of Scabies came under notice during the year. The cases of Impetigo were treated privately, and the case of Scabies received treatment at the Clinic.

External Eye Diseases.—Three cases of Blepharitis, three of Strabismus, and one of stye were found.

Defective Vision.—26 new cases of seriously impaired vision were found and were referred for treatment.

Ear Disease and Defective Hearing.—Three cases of slightly defective hearing were referred for observation, and four cases of Otorrhœa were referred for treatment.

Crippling Defects.—One case of defective posture and three cases of flat-foot were referred to the Orthopædic Clinic. In addition 18 cases of flat-foot, two cases of curvature of the spine, five cases of defective posture, one case of torticollis, and two cases of knock-knee were all of a slight degree and were referred for remedial exercises at school.

Heart and Circulation.—Four fresh cases of Organic Heart Disease were discovered during the year, together with three cases of functional disease and two of Anæmia. All were referred for observation.

Lungs.—Three cases of slight Bronchitis and three cases of Asthma were referred for observation. One case of Bronchitis and Asthma was referred for treatment.

Minor Ailments.—Six children from the Secondary Schools attended the Minor Ailments Clinic during the year. One was suffering from Scabies, two from Blepharitis, two from cuts on the fingers, and one from a sore on the head.

External Eye Disease and Defective Vision.—26 new cases of Defective Vision were referred for treatment. 23 of these were seen by the Ophthalmic Surgeon and spectacles were prescribed in 17 cases. 16 of these children had obtained spectacles at the time of re-examination. In addition to the above, 36 children who were wearing glasses which were considered unsatisfactory underwent refraction and the necessary action was taken. The three cases of Strabismus received treatment from the Ophthalmic Surgeon. The remaining cases of external eye disease received appropriate treatment and, on re-inspection, were found to be cured.

Ear Disease and Hearing.—The three cases of defective hearing were found, on re-inspection, to have improved, and the four cases of Otorrhœa were receiving treatment from their own doctor.

Dental Defect.—29 cases of Dental Defect were referred for treatment, and of these nine consulted a dentist and received appropriate treatment. In addition to the above, 14 children attended the Dental Clinic for treatment.

Nose and Throat.—Of the 10 cases of Enlarged Tonsils referred for treatment, four underwent operation. The remainder showed improvement. The case of Adenoids which received treatment was much improved when re-inspected, but the two cases referred for observation had not improved.

Heart and Circulation.—On re-inspection all the cases of Heart Disease, with one exception, were found to be improved.

Crippling Defects.—All the cases showed signs of improvement.

REMEDIAL EXERCISES.

Special classes for Remedial Exercises were arranged for the year 1934.

PHYSICAL TRAINING.

The Education Committee is considering the purchase of a piece of land as a Games Field for the Municipal Secondary School. The pupils of the school will benefit by this acquisition, which will fill a long felt need for full Physical Training and Recreation.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants...	897
Second Age Group...	714
Third Age Group ...	838
	—
Total...	2449
	—

Number of other Routine Inspections —

—

B.—OTHER INSPECTIONS.

Number of Special Inspections	695
Number of Re-inspections...	3528
	—
Total...	4223
	—

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1934.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS	
	Requiring treatment.	Number of Defects.	Requiring treatment	Number of Defects.
		Requiring to be kept under observation, but not requiring treatment.		Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
MALNUTRITION.....	..	39	..	3
UNCLEANLINESS:		(See Table IV., Group VI.)		
SKIN: Ringworm: Scalp .....	..	..	5	..
Ringworm: Body .....	..	..	11	..
Scabies	1	..	12	..
Impetigo	2	..	125	..
Other Diseases (Non-Tuberculous)	4	7	139	..
EYE: Blepharitis	9	..	30	..
Conjunctivitis .....	..	..	13	..
Keratitis .....	..	..	..	..
Corneal Opacities .....	..	..	..	..
Defective Vision (excluding Squint)	133	48	129	..
Squint	10	..	11	..
Other Conditions .....	..	..	29	..
EAR: Defective Hearing.....	..	..	3	..
Otitis Media	5	3	18	..
Other Ear Diseases .....	..	..	21	..
NOSE & THROAT:				
Chronic Tonsils only	203	111	4	..
Adenoids only	9	4	1	..
Chronic Tonsilitis & Adenoids	37	7	1	..
Other Conditions .....	..	..	..	..
ENLARGED CERVICAL GLANDS (Non-Tuberculous) .....	..	58	..	..
DEFECTIVE SPEECH .....	..	9	..	..
TEETH: Dental Diseases.....		(See Table IV., Group V.)		
HEART AND CIRCULATION:				
Heart Disease: Organic	8	..	..	6
" " Functional.....	..	33	..	3
Anæmia .....	..	2	..	3
LUNGS:				
Bronchitis .....	..	23	..	11
Other Non-Tuberculous Diseases .....	..	3	..	..
TUBERCULOSIS:				
Pulmonary:				
Definite	2	..	..	..
Suspected .....	..	1	..	..
Non-Pulmonary:				
Glands	8	..	..	..
Bones and Joints	1	..	..	..
Skin .....	..	..	..	..
Other Forms .....	..	..	..	..
NERVOUS SYSTEM:				
Epilepsy .....	..	1	..	..
Chorea .....	..	..	..	1
Other Conditions .....	..	2	..	..
DEFORMITIES:				
Rickets .....	..	..	..	..
Spinal Curvature .....	..	1	..	..
Other Forms	11	25	..	..
OTHER DEFECTS & DISEASES (excluding Uncleanliness and Dental Diseases)	13	12	27	29
Total.....	456	389	579	56

TABLE II.—Continued.

B.—Number of Individual Children Found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
Prescribed Groups :—			
Entrants	897	166	18.50
Second Age Group	714	206	28.85
Third Age Group	838	76	9.07
Total (Prescribed Groups).....	2449	448	18.29
Other Routine Inspections.....			
—	—	—	—

TABLE III.

Return of All Exceptional Children in the Area.

	Total
Children suffering from any combination of the following types of defect:—Blindness (not partial blindness), Deafness (not partial deafness), Mental Defect, Epilepsy, Active Tuberculosis, Crippling, or Heart Disease	3
The actual combination of defects and the types of School, if any, attended, is shown separately. (See Addenda to this table).	
Blind Children.	
At Certified Schools for the Blind	1
At Public Elementary Schools	0
At other Institutions	0
At no School or Institution	0—1
Partially Blind Children.	
At Certified Schools for the Blind	0
At Certified Schools for the Partially Blind	3
At Public Elementary Schools	6
At other Institutions	0
At no School or Institution	0—9
Deaf Children.	
At Certified Schools for the deaf	3
At Public Elementary Schools	0
At other Institutions	0
At no School or Institution	0—3
Partially Deaf Children.	
At Certified Schools for the Deaf	0
At Certified Schools for the Partially Deaf	0
At Public Elementary Schools	0
At other Institutions	0
At no School or Institution	0—0
Mentally Defective Children—Feeble Minded Children.	
At Certified Schools for Mentally Defective Children	4
At Public Elementary Schools	20
At other Institutions	0
At no School or Institution	8—32
Epileptic Children—Children suffering from Severe Epilepsy.	
At Certified Special Schools	0
At Public Elementary Schools	3
At other Institutions	0
At no School or Institution	0—3

TABLE III.—Continued.

Physically Defective Children:**A.—Tuberculous Children.**

	Total
I.—Children suffering from Pulmonary Tuberculosis.	
At Certified Special Schools	0
At Public Elementary Schools	3
At other Institutions	1
At no School or Institution	0—4
II.—Children suffering from Non-Pulmonary Tuberculosis.	
At Certified Day Special Schools	0
At Public Elementary Schools	16
At other Institutions	2
At no School or Institution	0—18

B.—Delicate Children.

At Certified Special Schools	1
At Public Elementary Schools	13
At other Institutions	1
At no School or Institution	0—15

C.—Crippled Children.

At Certified Special Schools	2
At Public Elementary Schools	7
At other Institutions	1
At no School or Institution	0—10

D.—Children with Heart Disease.

At Certified Special Schools	0
At Public Elementary Schools	14
At other Institutions	0
At no School or Institution	0—14

ADDENDA TO TABLE III.**Children Suffering from Multiple Defects:**

Feebleminded and Epileptic.

At Public Elementary School	1
At no School or Institution	1

Feebleminded and Blind.

In Certified Schools for Mental Defectives	1
--	---

Feebleminded and Physically Defective.

At Public Elementary Schools	1—4
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TABLE IV.

**Return of Defects treated during the year ended
31st December, 1934.**

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group vi.).

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under Local Education Authority's Scheme	Otherwise	Total.
(1)	(2)	(3)	(4)
Skin—Ringworm, Scalp	5†	...	5
Ringworm, Body	11	...	11
Scabies	13	...	13
Impetigo.....	127	...	127
Other Skin Disease	143	7	150
Minor Eye Defects—External and other, but excluding cases falling in Group II.....	72	9	81
Minor Ear Defects	42	...	42
Miscellaneous—e.g. minor injuries bruises, sores, chilblains, &c.	40	17	57
Total.....	453	38	486

† 4 treated by X-Rays.

1 treated at Minor Ailments Clinic.

TABLE IV.—Continued.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to Refraction by private practitioner or at Hospital apart from the Authority's Scheme.	Otherwise	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction— (including Squint)	331	2	...	333
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	...	...	1	1
Total	331	2	1	334

Total number of children for whom spectacles were prescribed:

(a) Under the Authority's Scheme	210
(b) Otherwise	2

Total number of children who obtained or received spectacles:

(a) Under the Authority's Scheme	199
(b) Otherwise	2

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.														
Received Operative Treatment.														
Under Local Education Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total.				Received other forms of Treatment		Total Number Treated.
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)			
—	2	125	—	10	3	75	—	10	5	200	—	30	245	

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other Defects of the Nose and Throat.

TABLE IV.—Continued.

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.			Otherwise.			Total Number Treated
	Residential Treatment with Education (i)	Residential Treatment without Education (ii)	Non-resi- dential Treatment at an Orthopædic Clinic (iii)	Residential Treatment with Education (i)	Residential Treatment without Education (ii)	Non-resi- dential Treatment at an Orthopædic Clinic (iii)	
Number of Children Treated ...	3	...	59	...	...	...	59†

† Three children included in (i) are also included in (iii).

GROUP V.—DENTAL DEFECTS.

(1) Number of children who were:—

(a) Inspected by the Dentist:—Aged:

Routine age groups	5.....	45	Total ... 2645.
	6.....	272	
	7.....	410	
	8.....	368	
	9.....	375	
	10.....	370	
	11.....	374	
	12.....	228	
	13.....	190	
	14.....	13	
Specials	...	658	
			Grand total ... 3303

(b) Found to require treatment 2737

(c) Actually treated 2611

(2) Half-days devoted to:—

Inspection 26

Treatment 319 Total ... 345

(3) Attendances made by children for treatment 3099

(4) Fillings: Permanent teeth 989

Temporary teeth 31 Total ... 1020

TABLE IV.—Continued.

(5) Extractions: Permanent teeth 958			
Temporary teeth 3856	Total ... 4814		
(6) Administration of general anæsthetics for extractions ... 10			
(7) Other operations: Permanent teeth ... 96			
Temporary teeth ... 200	Total ... 296		

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	4
(ii) Total number of examinations of children in the Schools by School Nurses	15,794
(iii) Number of individual children found unclean	40
(iv) Number of children cleansed under arrangements made by the Local Education Authority	5
(v) Number of cases in which legal proceedings were taken:	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Bye-laws	5

